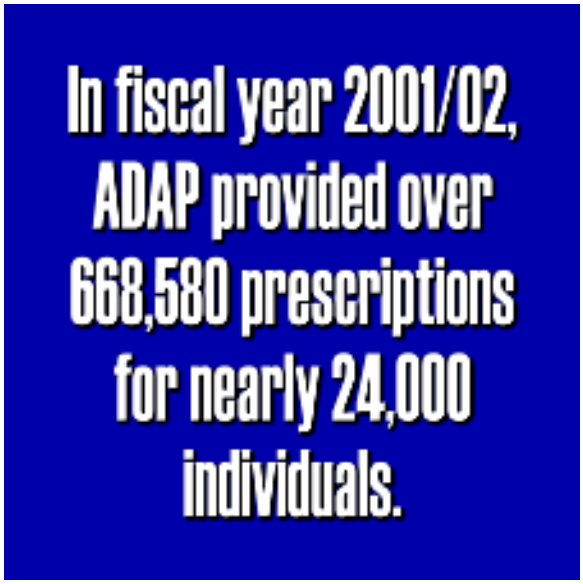
Care & Treatment

The OA seeks to assure humane, cost-effective, and appropriate health and support service resources for persons with HIV along the entire continuum of care. To accomplish this goal, the OA coordinates various programs that provide care and treatment services for eligible people infected with HIV and those who have developed AIDS-defining illnesses. These programs include the AIDS Drug Assistance Program, the Early Intervention Program, the Comprehensive AIDS Resources Emergency Health Insurance Premium Payment Program, the local HIV Care Consortia and Direct Services Program, Housing Services, the AIDS Case Management Program, and the AIDS Medi-Cal Waiver Program. These programs are described below.

Comprehensive HIV Care Plan

In January 2001, the HIV Care Branch initiated a planning process to develop a statewide Comprehensive HIV Care Plan to provide guidance for enhancing and improving HIV health care and support services in California over the next three to five years. This plan, due to the Health Resources and Services Administration in early 2003, will describe the organization and delivery of HIV health care and support services as well as identify the disparities in care. The Plan will culminate with a variety of policy recommendations to improve the health outcomes of people with HIV/AIDS in California.



The OA assembled two advisory groups, the HIV Consumer Advisors and the HIV Care Services Advisors (Ryan White CARE Act grantees) to assist in developing the Plan. The HIV Consumer Advisors are a diverse group of persons living with HIV/AIDS representing all geographic regions of the state, while the HIV Care Services Advisors are providers who collectively represent all of the various titles of the Ryan White CARE Act. Each group provides an essential perspective to the OA regarding current service levels, disparities in care, barriers to and gaps in care, as well as strategies to improve the care system. The OA is committed to ensuring that plan development is a coordinated process that includes collaboration with other state and local programs.

AIDS Drug Assistance Program (ADAP)

The ADAP, established in 1987, provides HIV/AIDS drugs to individuals who could not otherwise afford them. Drugs on the ADAP formulary slow the progression of HIV disease, prevent and treat opportunistic infections among people with HIV/AIDS, or treat the side effects of antiretroviral therapy. In direct response to the increased demand for ADAP services, ADAP funding has increased from $17.5 million in FY 1995/96 to $162.9 million in FY 2001/02. ADAP funding for FY 2001/02 is composed of Ryan White CARE Act Title II funds ($87.2 million), the state General Fund ($60.0 million), and statutorily-mandated drug manufacturer rebates ($15.7 million). In FY 2001/02, ADAP provided over 668,500 prescriptions for nearly 24,000 individuals.

ADAP is intended as a program of last resort for people who have no other means to pay for their HIV drugs. Persons with an annual adjusted gross income below 400% of the federal poverty level (FPL), currently $34,460 for a family of one, receive the drugs free. A co-payment is required for anyone whose annual income is between 400% FPL and $50,000.

The OA administers ADAP drug dispensing, reimbursement, and data collection activities through a pharmacy benefit management service provider. The year 2001 marked the second of a five-year contract with Ramsell Corporation (also known as Professional Management Development Corporation) for the provision of ADAP services.

There are over 3,000 participating ADAP pharmacies and 238 local ADAP enrollment sites located throughout the 61 LHJs of California. In addition, clients have access to mail order prescription services upon request. To accommodate client mobility and provide additional access options for clients concerned with preserving anonymity, prescriptions can be filled at any participating pharmacy statewide.

The ADAP Medical Advisory Committee (MAC) meets as needed (generally twice a year) to review the ADAP

formulary, evaluate available HIV/AIDS drugs, and recommend changes to the formulary. As the program's budget allows, new drugs endorsed by the MAC are added to the formulary. Unless prohibitively priced, antiretrovirals are added to the formulary within 30 days of Food and Drug Administration (FDA) approval. The MAC is composed of affected community members, physicians, pharmacists, psychiatrists, AIDS advocates, and county HIV program administrators who are actively engaged in providing and evaluating drug therapy for persons with HIV/AIDS.

As of December 31, 2001, there were 146 drugs on the ADAP formulary. The expanded formulary includes all of the medications listed in the federal *"Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents"* as necessary to treat HIV. The ADAP formulary is posted on the Internet at http://www.ramsellcorp.org and http://www.dhs.ca.gov/AIDS.

Early Intervention Program

The Early Intervention Program (EIP) is a comprehensive, multidisciplinary program that provides care, treatment, and prevention services to HIV-infected Californians. It is a central link in the HIV/AIDS continuum of care, addressing the needs of persons with HIV or AIDS from the time of an HIV-positive test result. If more intensive non-ambulatory AIDS care becomes necessary, the EIP client is transitioned to home- or hospital-based care.

The EIP is designed to prolong the health and productivity of HIV-infected persons and interrupt the transmission of HIV to others. The EIP provides clients with the following range of services:

- Health assessments, medical treatment, and monitoring and laboratory tests;
- HIV transmission risk assessments, risk reduction strategies, and behavior change support;
- Health education, HIV education, and nutrition counseling;
- Psychosocial assessments, short-term counseling, and support groups;
- Assessments of practical support needs, case management, and referrals to other services;
- Benefits and financial management counseling; and
- Other appropriate ancillary services such as assistance with transportation or childcare.

All HIV-infected clients receive a range of program services on a regular basis, based on an individual service plan that reflects the client's needs. HIV-negative, at-risk partners and family members of clients may also receive targeted services such as health and HIV education, risk reduction activities, and couples or family counseling. The EIP model integrates HIV transmission prevention goals and services with care and treatment. A multidisciplinary team provides EIP services.

During calendar year 2001, EIP projects in California provided 37,000 medical services to enrolled clients, 34,661 psychosocial and case management services, 17,201 health education and transmission risk reduction services, and 5,261 other/miscellaneous benefits.

The EIP projects are operated by LHJs, which may subcontract with community-based organizations to provide services. All projects have close, on-going relationships with other HIV/AIDS service providers in their local service areas, thus facilitating referrals and minimizing duplication of services.

The EIP model continues to evolve in response to changes in the epidemic, care and treatment protocols, and funding resources. Since its inception in 1988 through December 2001, the program has served over 18,000 EIP clients. As of December 2001, over 8,900 clients are actively enrolled in EIP Projects/Centers throughout the state. Demographic data indicate that clients in the EIP are 40% White, 33% Latino, 23% African American, 2% Asian/Pacific Islander, and 2% Other/Not Reported.

During calendar year 2001, EIP projects in California provided 37,000 medical services to enrolled clients, 34,661 psychosocial and case management services, 17,201 health education and transmission risk reduction services, and 5,261 other/miscellaneous benefits.

The two original EIP pilot sites continue to operate with federal funds from the CDC, while the remaining 32 sites are supported by the state General Fund. The total EIP budget for FY 2001/02 is $10.3 million.

In order of implementation, EIP sites include:

- *Metropolitan Area Early Intervention Projects*: The 12 Early Intervention Projects established in major urban areas prior to 1990 are located in the counties/cities of San Francisco, Sacramento, Sonoma, Santa Clara, San Mateo, Alameda, Los Angeles, Long Beach, Orange, San Bernardino, Riverside, and San Diego. The total budget for the 12 metropolitan area EIP sites is $3.05 million;

- *Women's Early Intervention Centers*: To improve the health of women through better access to health care, the Women's Health Initiative funded two Women's Early Intervention Centers. The first, WomensCare, opened in April 1995 in Los Angeles. The second, Sister Care, opened in July 1995 serving women in Alameda/Contra Costa Counties. Both centers offer comprehensive EIP services. In FY 1997/98, additional funds were allocated for women's EIP services, and two more sites were opened, one in Contra Costa County, and WomensCare East located in East Los Angeles. A total of $775,000 was appropriated for the four projects;

- *Rural Regional Early Intervention Projects*: In FY 1995/96, the OA adapted the existing urban service delivery model to meet the unique needs of rural areas. Three rural regions, encompassing 22 counties, each received $250,000 to create regional Rural Early Intervention Projects. The North State region includes Butte, Del Norte, Glenn, Humboldt, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity Counties. The South Central Valley region comprises Fresno, Kern, Kings, Madera, Mariposa, Merced, and Tulare Counties. The Central South Coast region includes San Luis Obispo, Santa Barbara, and Ventura Counties. Each participating county conducted a needs assessment to help design a cost-effective project that responds to local needs. EIP services began in April 1996 in all three regions;

- *1999 Service Expansion:* The FY 1999/00 budget targeted over $1.825 million for the Early Intervention Program. Approximately $770,000 was earmarked to create new sites in five areas not currently served by EIP; These areas include: San Joaquin, Stanislaus, Santa Cruz, Monterey (including San Benito), and Imperial Counties. Funds were distributed via LHJs. An additional $300,000 was allocated in conjunction with funds for communities of color (described below). The remainder of the funding ($755,770) was used to expand capacity at existing EIP sites in 23 service areas; and

- *HIV/AIDS Services to People of Color:* In FY 1999/00, a total of $700,000 of state General Funds was earmarked to develop or expand capacity at EIP sites that serve people of color in Los Angeles, San Francisco, and Alameda Counties. San Francisco implemented EIP services in the Bayview-Hunter's Point area, Alameda implemented men's services in Oakland that are co-located with Sister Care EIP services for women, and Los Angeles County implemented services at the Hubert H. Humphrey Comprehensive Health Center.

HIV Transmission Prevention Program

A defining aspect of the EIP is the emphasis it places on prevention efforts directed to HIV-infected clients who are receiving care and treatment services. In 1999, the OA designed and implemented the HIV Transmission Prevention Program (HTPP), a demonstration project and collaboration between the HIV Care Branch and the HIV Education and Prevention Services Branch. HTPP is designed to provide intensive HIV transmission prevention for persons at high risk for HIV. The project has two distinct segments:

1) Interventions targeting high-risk, HIV-negative individuals (supported through state General Funds); and

2) Interventions targeting HIV-positive persons (supported through federal CDC funds).

Although the two segments are separately funded and differ in some respects, they share the fundamental goal of preventing HIV transmission. For more information on the HTPP component focusing on high-risk, HIV-negative persons, please refer to the Education and Prevention chapter of this report.

The largest component of HTPP, funded by the CDC, targets HIV-positive persons and is implemented in 11 LHJs at ten EIP sites (Humboldt, Riverside, Fresno, Long Beach, Orange, Los Angeles, Santa Barbara, Santa Cruz, Santa Clara, and Ventura Counties). The target population is EIP clients who

have multiple, complex problems and/or who have significant difficulty initiating or sustaining practices that reduce HIV transmission.

At each site, Risk Reduction Specialists, who must have a graduate degree in social work or psychology and experience in working with high-risk behaviors, focus intensively and exclusively on factors influencing transmission behaviors. Concurrently, the client participates in all other components of the EIP: medical services, health education, psychosocial assessment, and support and case management. Interventions utilized are based on the CDC's "prevention case management" model as well as demonstrated behavior change approaches such as harm reduction.

The OA coordinates with experts from a variety of fields to provide training for the Risk Reduction Specialists. In addition, the Specialists from both project segments meet quarterly to receive training, discuss cases and interventions, and to review project evaluation information that is used to inform continuous improvement of the program.

Evaluation of the EIP-based HTPP sites is being conducted by the CDC in collaboration with the Health Resources Services Administration (HRSA), Emory University, and Abt Associates, as part of a national evaluation of the entire demonstration project. In addition, the University of California, Davis, Center for Health Services Research in Primary Care was selected through a request for application process, to conduct an evaluation of both the EIP-based project (working with HIV-positive persons) and the counseling and testing sites (working with HIV-negative persons). State General Funds support this component of the evaluation, which will measure the efficacy and utility of the program as well as explore both client and provider opinions about the services provided.

Bridge Project

The Bridge Project is supported in part by supplemental funding provided through the CDC as part of California's HTPP and by the state General Fund. Its purpose is to prevent further transmission of HIV in communities of color that are disproportionately affected by HIV infection, through increasing the number of HIV-infected individuals successfully enrolled in comprehensive HIV treatment and prevention services.

The Bridge Project operates out of 12 EIP sites serving communities of color. The project is a specific response to the fact that many persons of color do not seek treatment until advanced stages of disease progression, have lower rates of retention in treatment programs, and have lower adherence to medication regimens. The goal of the project is to bridge the gap between HIV testing and treatment.

The EIP has learned that immediate referral into care that requires assessments, appointments, and multiple contacts with unfamiliar persons, in addition to coping with an HIV diagnosis, may actually drive some clients away from treatment. Building trust and overcoming these barriers helps to insure that a previously marginalized client is more likely to maintain an ongoing relationship with treatment providers.

The Bridge person (ideally a member of the community they serve) becomes a link between testing and care and treatment services to reduce racial, cultural, or other barriers to treatment. They provide home or field visits, supportive counseling, information, education, assistance with referrals, and assessment of the clients' readiness to move into additional services. The Bridge person plays an active role on the EIP case management team even before clients are fully enrolled in services.

Additional funding has allowed Bridge staff to be trained as HIV treatment educators, enabling them to assist clients in understanding treatment options, making treatment decisions, and reducing barriers to remaining in treatment or adhering to medication regimens. The Bridge Project is included in the CDC's national evaluation of its demonstration projects as well as in California's evaluation of HTPP.

Because of recent funding provided by the CDC and HRSA, the Bridge Project has expanded from the original 13 Bridge workers to 22 positions statewide. From August 1, 2001, through December 31, 2001, Bridge workers have engaged 150 clients; 58% of these clients being African-American, 24% Latino/a, and 4% Asian/Pacific Islander.

HIV Diagnostic Assay Program

Viral Load Test Program

The Viral Load Test Program (VLTP), established in FY 1997/98, continues to be a collaborative effort between the OA and the Viral and Rickettsial Disease Laboratory in Berkeley. The VLTP provides viral load tests for HIV-infected persons who are uninsured, are not Medi-Cal beneficiaries, and have an annual adjusted gross income below $50,000.

This diagnostic test measures the extent of HIV in the blood. HIV RNA levels in blood usually correlate with an advanced state of disease; thus the test is a good indicator of disease progression. Program utilization has increased from 10,000 tests performed in FY 1997/98, to 30,000 tests performed in FY 2000/01. The tests are provided at approximately 150 HIV service sites statewide. Thirteen regional public health laboratories throughout the state process the tests. Total funding for FY 2001/02 is $2.8 million in state General Funds.

HIV Resistance Test Program

Established in FY 2000/01, the Resistance Test Program (RTP) provides HIV resistance testing services for low-income, uninsured HIV-positive individuals. Similar to the VLTP, the RTP is a collaborative effort between the OA and the Viral and Rickettsial Disease Laboratory. This diagnostic tool measures the degree to which an individual's HIV has become resistant or less sensitive to medications. Currently, there are two types of resistance testing assays, genotypic and phenotypic. During the first year of operation, approximately 738 resistance tests were conducted. The demand for tests is expected to increase as physician awareness of the program becomes more widespread. Approximately 5,000 tests will be available per year, utilizing a variety of commercial, academic, and public health laboratories. Total funding for this program in FY 2001/02 is $3.2 million (including $1 million from the state General Fund).

UCSF Psychosocial Trainings

The OA has an interagency agreement with the University of California, San Francisco to provide trainings to HIV medical/social service providers entitled, "Psychological Challenges of HIV Adherence." Four trainings were held during 2001 and additional trainings are scheduled during 2002. The goals of the statewide trainings are to:

- Enhance providers' effectiveness in confronting the psychosocial issues clients may be dealing with as a result of new treatments; and
- Afford providers the skills necessary to work with their clients in adhering to demanding drug regimens.

The training is offered to all OA-funded service providers.

Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

The federal Ryan White CARE Act established a variety of AIDS programs under five titles or parts:

- Title I, the Emergency Relief Grant Program, provides emergency funding to eligible metropolitan areas (EMAs) hardest hit by the HIV epidemic. There are nine EMAs in California (Los Angeles, Oakland [Alameda and Contra Costa Counties], Santa Rosa/Petaluma [Sonoma County], Riverside/San Bernardino, Sacramento [Sacramento, Placer, and El Dorado Counties], San Diego, San Francisco [San Francisco, San Mateo, and Marin Counties], San Jose [Santa Clara County], and Santa Ana [Orange County]) that receive Title I funds and administer them at the local level;
- Title II, the HIV CARE Grants program, provides formula-based financial assistance to states. In California, Title II funds are administered by the OA and are described in more detail below;
- Title III, Early Intervention Services, provides competitive grants for early health care intervention, counseling, testing, and treatment services. Title III programs are administered by HRSA; and
- Title IV provides coordinated services and access to research for women, infants, children, and youth. Title IV also addresses notification and training programs for emergency response programs.
- Part F includes the HIV/AIDS Dental Reimbursement Program, Special Projects of National Significance (SPNS) and AIDS Education and Training Centers (AETCs).

Ryan White CARE Act: California Allocations for Federal FY 2001

TITLE	AMOUNT
Title I (Eligible Metropolitan Areas)	$121,899,322
Title II (State Formula) (Minority AIDS Initiative) (Emerging Communities)	$32,212,366 $663,270 $131,918
Title II (ADAP)	$75,961,117
Title III (Competitive Projects)	$14,712,177
Title III (Planning and Capacity Building)	$1,538,261
Title IV (Competitive Projects)	$5,205,006
Part F (SPNS)	$2,708,316
Part F (Dental)	$1,112,701
Part F (AETC)	$6,147,786
TOTAL	$262,292,240

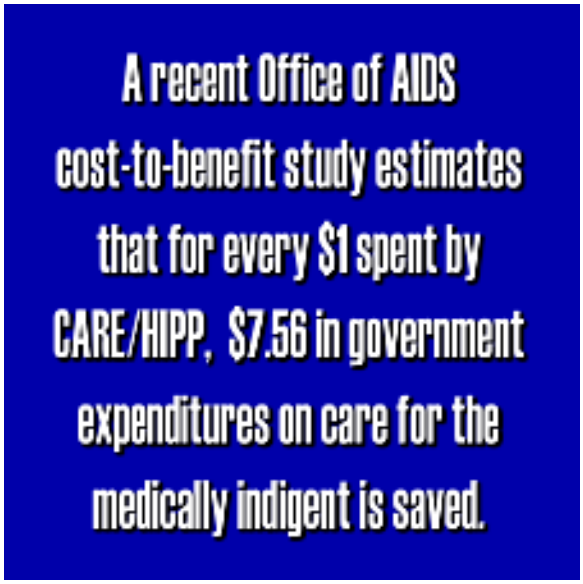
California Department of Health Services, Office of AIDS, January 2002

The table on the preceding page shows California's Ryan White CARE Act funding for federal FY 2001, based on information provided by HRSA.

Through Title II of the Ryan White CARE Act, HIV CARE Grants provide financial assistance to states to improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease. California used its Title II grant in federal FY 2001 to operate local HIV Care Consortia, provide home- and community-based care services for individuals with HIV disease, assure the continuity of health insurance coverage, and support ADAP.

CARE/Health Insurance Premium Payment Program

The CARE/Health Insurance Premium Payment Program (CARE/HIPP), funded under Title II of the Ryan White CARE Act, helps people with HIV/AIDS maintain their private health insurance coverage. Because participants' health insurance policies must cover outpatient prescription drugs, the program also helps ensure that CARE/HIPP clients have access to AIDS drugs, and preserves ADAP access for clients with no other method of obtaining drug coverage.



The goals of CARE/HIPP are to:

- Continue private health insurance policies for people disabled as a result of HIV/AIDS until they transition into the state's Medi-Cal/HIPP program, a County Organized Health System HIPP program, or Medicare, whichever comes first;
- Reduce the fiscal impact on ADAP and other publicly funded health programs; and
- Ensure continuity of ongoing access to therapeutic services for people with HIV/AIDS.

CARE/HIPP clients must meet financial eligibility criteria (income under 400% of FPL and assets under $6,000 excluding one car and one house), have applied and be eligible for public or other disability programs, be medically disabled as a result of HIV/AIDS, and have a health insurance plan that covers outpatient prescription drugs and HIV-related treatment services. Enrollment services are provided through 148 participating agencies in all counties except Alpine, Amador, Glen, Modoc, and Sierra. CARE/HIPP pays providers an administrative fee for each client they enroll in the program. Eligible individuals can be enrolled, re-certified, and assisted in the transition process through any participating agency.

CARE/HIPP program coverage is a maximum of 29 months per client. Clients must reapply for coverage annually and meet eligibility criteria in order to continue program coverage.

A recent OA cost-to-benefit study estimates that for every $1 spent by CARE/HIPP, $7.56 in government expenditures on care for the medically indigent is saved.

Local HIV Care Consortia and Direct Services Program

The Title II-funded HIV Care Consortia and Direct Services Programs provide funding to local agencies for the provision of medical and support services for persons living with HIV/AIDS. Recommendations for developing service delivery plans and strategies are provided by local planning bodies such as HIV Care Consortia, Title I Planning Councils, and local advisory groups. These planning bodies consist of persons living with HIV/AIDS, interested parties, public and private non-profit health care and support service providers, and representatives of various public health, housing, and community-based organizations.

Planning bodies are responsible for conducting or updating an assessment of HIV/AIDS service needs for their geographic services area, establishing a service delivery plan based upon prioritized services, coordinating and integrating the delivery of HIV-related services, evaluating the success in responding to service needs, and evaluating the cost-effectiveness of the mechanism used to deliver comprehensive care.

Funds are made available to all 58 counties in California and are available to provide primary medical care and a range of services that will provide access to primary medical care. These services include ambulatory/outpatient medical care, case management, dental care, drug reimbursement, health insurance, home health care, mental health therapy, nutritional services, substance abuse treatment/counseling, and other services of a treatment nature.

Housing Services

Housing Opportunities for Persons with AIDS (HOPWA)

The U.S. Department of Housing and Urban Development (HUD) provides funding for housing and supportive services for low-income people living with HIV/AIDS through the HOPWA Program. This program's objective is to prevent or alleviate homelessness among people living with HIV/AIDS and their families.

HOPWA funding allocations are distributed by HUD to Eligible Metropolitan Statistical Areas (EMSAs) and eligible state grantees. The California counties included in EMSAs and receiving direct HOPWA funding from HUD are Alameda, Contra Costa, Los Angeles, Marin, Orange, Riverside, Sacramento (including El Dorado and Placer), San Bernardino, San Diego, San Francisco, San Mateo, and Santa Clara.

The OA, as the State Grantee for HOPWA funds, receives funds on behalf of the 44 non-EMSA counties. In FY 2000/01, the HOPWA allocation was $2.489 million, which provided affordable HIV housing and supportive services to 4,127 eligible clients and families.

HOPWA funds may be used to provide various types of housing assistance designed to prevent or alleviate homelessness. Eligible uses of HOPWA funds include providing short and long-term rental, utility and mortgage assistance; developing housing units through new construction; or acquiring and/or rehabilitating affordable housing units designated for persons living with HIV/AIDS. Additionally, HOPWA funds are available to provide supportive services required to prevent homelessness. All residents of HOPWA-assisted units must have access to supportive HIV services.

HIV Housing Program

While HOPWA funds have historically assisted clients with short-term rental assistance, the OA recognized that there was an unmet need for long-term housing resources for persons living with HIV/AIDS.

To promote the development of affordable long-term housing options for persons living with HIV/AIDS, the OA established the Competitive HIV Housing Development Program in 1997. This program is funded jointly through the state General Fund and HOPWA. Funding is awarded annually on a competitive basis to nonprofit housing providers, local governments, and HIV/AIDS service providers working collaboratively to develop HIV-designated housing units within the 11 counties (excluding EMSAs) with the highest need for affordable HIV/AIDS housing.

Since its inception in 1997, the HIV Housing Program has developed a total of 68 affordable HIV/AIDS housing units statewide.

Four housing projects were funded in FY 2001, which added an additional 16 affordable housing units to the 52 previously developed as a result of the HIV Housing Program. These units are designated for persons living with HIV/AIDS and their families, and will provide affordable, stable housing for many years to come. The success of this program is due to the collaborative efforts of HIV service agencies and housing agencies.

Since its inception in 1997, the HIV Housing Program has developed a total of 68 affordable HIV/AIDS housing units statewide.

Residential AIDS Licensed Facilities Program

The Residential AIDS Licensed Facilities (RALF) Program was enacted through the Budget Act of FY 1999/00 and

receives an annual $1 million allocation of state General Funds. This program is designed to provide direct subsidy payments to residential AIDS facilities licensed under the Residential Care for the Chronically Ill (RCFCI) licensing category. RCFCIs are the only facilities licensed by the Department of Social Services that California law permits to accept and retain adults with HIV/AIDS in need of a high level of care. There are currently 28 licensed RCFCIs in California with a total capacity of 409 beds.

The RALF Program provides operating funds based upon the total number of beds designated for persons living with AIDS. In FY 2001, the RALF Program provided assistance to 24 RCFCI facilities ensuring that 303 beds, or 110,595 bed nights, continued to be designated for persons living with AIDS.

AIDS Case Management Program

The AIDS Case Management Program (CMP) provides comprehensive, cost effective, home- and community-based services for persons with AIDS or symptomatic HIV infection who are unable to function independently. The program maintains clients safely in their homes and avoids the need for more costly institutional care in a nursing facility or hospital. The OA contracts with 42 LHJs and community-based organizations to administer the program in 53 counties.

In FY 2001/02, the CMP received a total of $8.6 million ($6.7 million in state funds and $1.9 million in federal Ryan White CARE Act Title II funds). Of the $8.6 million, $300,000 in state General Funds was allocated to San Francisco, Alameda, Los Angeles, and Monterey Counties specifically for services to people of color. In FY 2001/02, a total of 1,314 client slots were allocated statewide.

An interdisciplinary core case management team consisting of a nurse case manager (NCM), social worker case manager (SWCM), and an attending physician coordinate client care, with the participation of the client and/or a legal representative. The NCM and SWCM conduct ongoing client assessments, develop and implement a service plan to meet the client's needs, and coordinate the provision of cost-effective, quality services to the client. When appropriate, benefits counselors and case aides provide practical arrangements for meeting the client's non-health related needs.

Services include case management, and may include attendant care, homemaker services, in-home skilled nursing, nutritional counseling and supplements, benefits and psychosocial counseling, transportation and housing assistance, food subsidies, and durable medical equipment and supplies. The CMP is the payor of last resort, and maximizes the use of third-party financial participation and other funding sources.

To be eligible for the CMP, adult clients must be scored at 70 or less on the Cognitive and Functional Ability Scale, which includes factors affecting abilities that are specific for adults with HIV infection. Children under the age of 13 at any stage of HIV infection are eligible for CMP.

Most CMP contractors also contract with the AIDS Medi-Cal Waiver Program (MCWP). The co-existence of these programs in the same agency allows CMP clients to transition to AIDS MCWP services as needed, without an interruption of services and care providers.

AIDS Medi-Cal Waiver Program

The AIDS MCWP provides comprehensive, cost effective, home- and community-based services to Medi-Cal beneficiaries with mid-to-late stage HIV/AIDS. Like the CMP, the MCWP maintains clients safely in their homes and avoids more costly institutional care in a nursing facility or hospital. The OA currently contracts with 36 county health departments and community-based organizations to administer the program at the local level in 48 counties. These agencies subcontract with qualified providers for direct care.

In general, MCWP clients tend to be more frail than those in the CMP. MCWP clients must be certified as needing nursing facility level of care or above, be a Medi-Cal recipient, not be enrolled in CMP or Medi-Cal hospice, and have exhausted other coverage similar to that available under the MCWP before use of MCWP services.

To be eligible for MCWP, adult clients must be scored at 60 or less on the Cognitive and Functional Ability Scale. Children must be classified as A, B, or C on the *"Centers for Disease Control and Prevention Classification System for HIV Infection in Children Less than 13 Years of Age,"* as well as meeting the nursing facility level of care to be eligible for MCWP.

Care & Treatment

Like the CMP, client care for the MCWP is coordinated through an interdisciplinary core case management team. Authorized services include case management, and may include in-home skilled nursing, attendant care, homemaker services, psychosocial counseling, nutritional counseling and supplements, minor physical adaptations to the home, transportation, medical equipment and supplies, and financial assistance for infants and children in foster care.

In calendar year 2001, the MCWP served 2,831 unduplicated clients and expended an estimated $12.7 million for client services and administrative fees.

In calendar year 2001, the MCWP served 2,831 unduplicated clients and expended an estimated $12.7 million for client services and administrative fees.